

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35961

BIRTH NO. 71577-50 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA MILO 1080	
c. LENGTH OF STAY (in this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) —	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) LUCILLE c. (Last) SMITH			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 17 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY 0	8. DATE OF BIRTH OCT 12 1950	9. AGE (in years last birthday) 6	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours —	Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME CECIL L. SMITH	13b. MOTHER'S MAIDEN NAME FLOSSIE SNEAD	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Cecil L. Smith	ADDRESS Milo, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7700
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis fetalis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/12, 1950, to 10/17, 1950, that I last saw the deceased alive on 10/17, 1950, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy W. Lewis M.D.	23b. ADDRESS nevada mo	23c. DATE SIGNED 10/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Oct 17 - 50	24c. NAME OF CEMETERY OR CREMATORY Brusher Cemetery	24d. LOCATION (City, town, or county) (State) Cedar Co. Mo
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DATE REC'D BY LOCAL REG. Oct 26, 1950	REGISTRAR'S SIGNATURE Kathryn H. Vanney	331	25. FUNERAL DIRECTOR'S SIGNATURE G. Bernard Beatty	ADDRESS Sheldon, Mo
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2177

Date Filed 10-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed S. Bernard Beery.....

Licensed Embalmer No. 4161.....

P. O. Address Sheldon, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.